

Youth Prevention Indicated Indicated Prevention Counseling Form

Date:

Participant Name and/or Identifier:

Summary of the Indicated Prevention Counseling Session:

Progress on Identified Goals and Referrals Made as Indicated on the IPSP:

Date of Next Indicated Prevention Counseling Session (If Necessary): _____

Participant Signature

Date

Prevention Specialist (Print)

Date

Prevention Specialist (Signature)